

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment		Work Assignment Number 4-05	
		<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:	
Contract Number EP-D-14-031	Contract Period 10/01/2014 To 09/30/2019 Base Option Period Number 4	Title of Work Assignment/SF Site Name Megacities Partnership Santiag	
Contractor INDUSTRIAL ECONOMICS, INCORPORATED		Specify Section and paragraph of Contract SOW	
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input checked="" type="checkbox"/> Work Plan Approval		Period of Performance From 10/01/2018 To 09/30/2019	
Comments: THE PURPOSE OF THIS ACTION IS TO APPROVE THE CONTRACTOR'S WORK PLAN AND COST ESTIMATE DATED DECEMBER 11, 2018 WITH A CAP NOT TO EXCEED \$29,000 AND 308 LOE HOURS. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED. THIS WORK DOES NOT DUPLICATE ANY WORK PREVIOUSLY PERFORMED UNDER MY AUTHORITY.			
<input type="checkbox"/> Superfund		Accounting and Appropriations Data	
		<input checked="" type="checkbox"/> Non-Superfund	
SFO (Max 2) <input type="checkbox"/> Note: To report additional accounting and appropriations date use EPA Form 1900-69A.			
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)
			Budget Org/Code (Max 7)
			Program Element (Max 9)
			Object Class (Max 4)
			Amount (Dollars)
			(Cents)
			Site/Project (Max 8)
			Cost Org/Code
1			
2			
3			
4			
5			
Authorized Work Assignment Ceiling			
Contract Period: 10/01/2014 To 09/30/2019		Cost/Fee: \$0.00 LOE: 0	
This Action:		\$42,487.44 308	
Total:		\$0.00 0	
Work Plan / Cost Estimate Approvals			
Contractor WP Dated: 12/11/2018		Cost/Fee \$42,487.44 LOE: 308	
Cumulative Approved:		Cost/Fee \$0.00 LOE: 0	
Work Assignment Manager Name Sara Terry		Branch/Mail Code:	
_____ (Signature) _____ (Date)		Phone Number: 919-541-7576	
		FAX Number:	
Project Officer Name Lorraine Reddick		Branch/Mail Code:	
_____ (Signature) _____ (Date)		Phone Number: 202-564-1293	
		FAX Number:	
Other Agency Official Name		Branch/Mail Code:	
_____ (Signature) _____ (Date)		Phone Number:	
		FAX Number:	
Contracting Official Name Andrew C. Flynn		Branch/Mail Code:	
_____ (Signature) _____ (Date) 2-21-19		Phone Number: 919-541-2674	
		FAX Number: 919-541-0611	